



Building Resilience in our Healthcare Workforce

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Disclosures

- Dr. Penberthy has published articles and book chapters on this topic and receives royalties
- Dr. Penberthy conducts programs for hospitals and health systems and receives payment for these programs



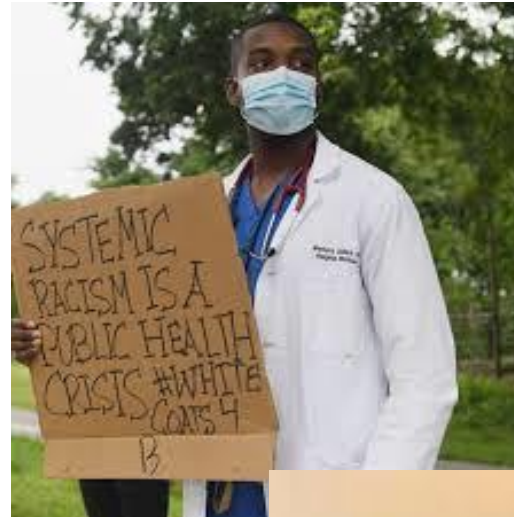
Learning Objectives

1. Describe the stress continuum
2. Describe risk factors for burnout and the components of burnout
3. Describe effective strategies to build resilience, reduce stress and address burnout

How are you doing?



Honestly.....



Pause & let your mind catch up with your body



- Breath In
- Breath Out
- Settle and Center
- Relax
- Attend
- Be Present





Bottom Line Up Front

1. The work you do is stressful, *more so for some, and more so now*
2. Occupational stress creates challenges and risks for *individuals and teams*
3. There are *effective strategies* for improving coping and resilience in stressful environments and maintaining your and your colleagues' mental health



Why is there a problem? *Risk Factors*

1. Characteristics, stress level, and strengths/weaknesses of skills of the **person/team**
2. Characteristics, stress level, and strengths/weaknesses of the **environment/institution**

COVID!



Stress is complex and can be compounded

- **Although stress impacts us all, stress is experienced differently by everyone**
- Some characteristics and personality traits increase **vulnerability** to stress: female gender, young age, trauma history are all potential risk factors.
- **Ongoing stressors** from environment/other people (such as poverty, discrimination, harassment) increase vulnerability.
- **Lack of skills** to mitigate stress, including poor coping and communication skills, increase vulnerability to stress.
- **Stress is contagious:** it can spread and impact families, friends, groups, agencies.



Intense or Prolonged Stress

Wear &
Tear

A fatigue injury

Due to the accumulation of stress from all sources over time without sufficient rest and recovery

Life Threat

A traumatic injury

Due to an experience of death-provoking terror, horror, or helplessness

Loss

A grief injury

Due to the loss of cherished people, things or parts of oneself

Inner
Conflict

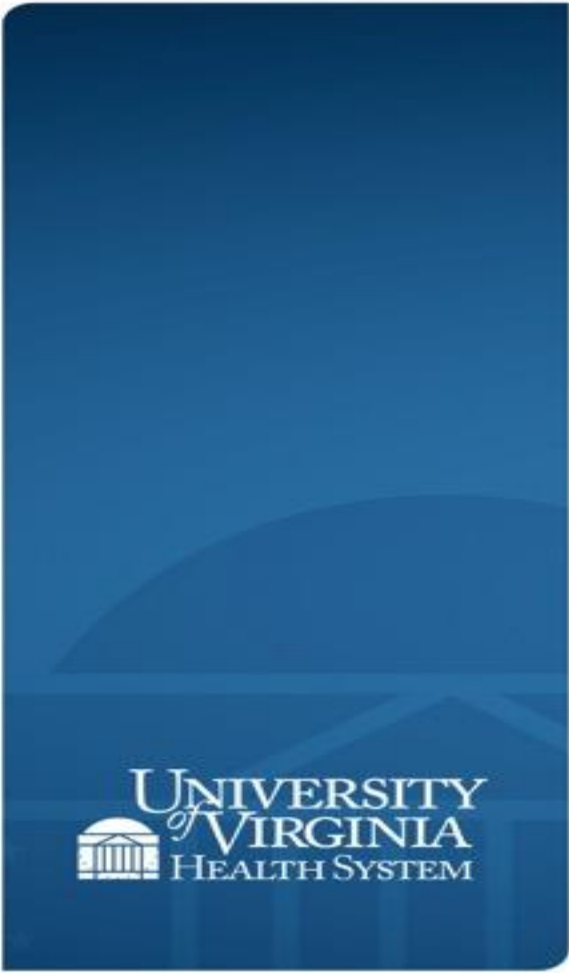
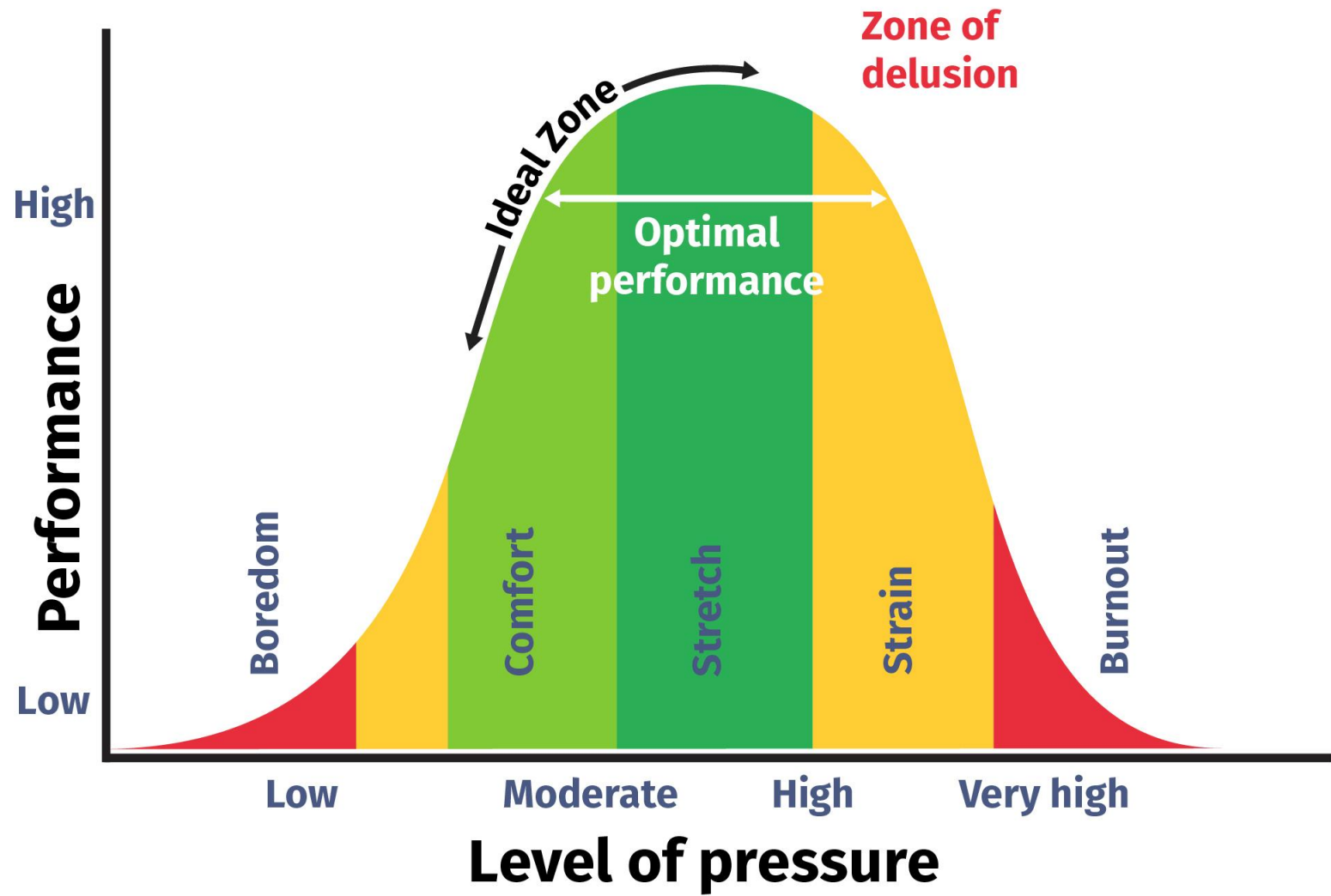
A moral injury

Due to behaviors or the witnessing of behaviors that violate moral values

- Omission
- Commission
- Bearing Witness



Stress & Resilience: The Stress Continuum





Caused by **untreated stress over long period of time.**

Can be reliably diagnosed when physicians manifest one or more of the classic triad:

- 1. Emotional exhaustion**
- 2. Depersonalization, particularly of patients**
- 3. Lack of efficacy, a belief one's efforts no longer make a difference**

Burnout rates among healthcare workers in general were about 54% prior to pandemic and are in the mid 80s% now

Additional risk factors



- **Females** physicians have 30–60 % increased odds of burnout (Shanafelt, et al. 2015)
- **Younger physicians** < 55 years of age have 200% increased risk (Center, et al. 2003)
- **Having a child younger than 21 years old** increases the odds of burnout by 54% (Center, et al. 2003)
- Having a **spouse/partner who works as a non-physician HCP** increases the odds by 23% (Dyrbye, 2007)
- Not aware of any studies that have explored ethnic or racial differences in the prevalence of burnout among practicing physicians, although some work has been done in medical students.
- Among other helping professionals, the prevalence of burnout among African Americans has been shown to be lower than among Caucasians (Maslach, 2003)



Healthcare Environment

- Clinicians now spend roughly **two-thirds** of their professional time on non-reimbursed paperwork (Sinsky, et al., 2018).
- Increased numbers of administrators is associated with **increased cost of healthcare but not improved outcomes** (Woolhandler, Campbell & Himmelstein, 2003).
- **Increasing lack of autonomy of providers.**
- ***COVID and all that has come with this pandemic!***



Person X Environment

- Stressed/overworked providers
- Lack of self-care or lack of coping skills
- Impaired interpersonal communication skills
- Feels un- or under-appreciated
- Perceived lack of support or appreciation from environment
- “Responsibility without authority”

= STRESS AND BURNOUT





- **Maslach burnout inventory**

Maslach C., Jackson S.E. The Measurement of Experienced Burnout. (1981) *J. Organ. Behav.*, 2:99–113.

- **emotional exhaustion**
- **depersonalization**
- **personal accomplishment**

- **Burnout Assessment Tool (BAT)**

Schaufeli, W. B., Desart, S., & De Witte, H. (2020). Burnout Assessment Tool (BAT)-Development, Validity, and Reliability. *International journal of environmental research and public health*, 17(24), 9495.

- **Professional Quality of Life**

Stamm, B. H. (2010). The ProQOL (Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue). Pocatello, ID: ProQOL.org.

- **Compassion satisfaction**
- **Compassion fatigue**
- **Burnout**
- **Secondary trauma**

- **Perceived Stress Scale**

Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.



- 2020 survey of ASCO **45% of medical oncologists** reported experiencing emotional exhaustion and depersonalization related to burnout
- Medscape Oncologist Lifestyle, Happiness & Burnout Report 2023: **28% of male oncologists** reported burnout and/or depressed and **50% of female oncologists** said they felt burned out and/or depressed)
- 2023 study of **cancer care workforce** (mostly nurses and physicians) from around the globe showed significant levels of burnout, diminished coping abilities, and reduced resilience among cancer care professionals
 - Reduced resilience was correlated with increase burnout scores
 - Adaptive coping strategies were associated with lower burnout



- Caused by *untreated stress over long period of time.*
- Classic triad:
 1. **Emotional exhaustion**
 2. **Depersonalization, particularly of patients**
 3. **Lack of efficacy, or a belief that one's efforts no longer make a difference**

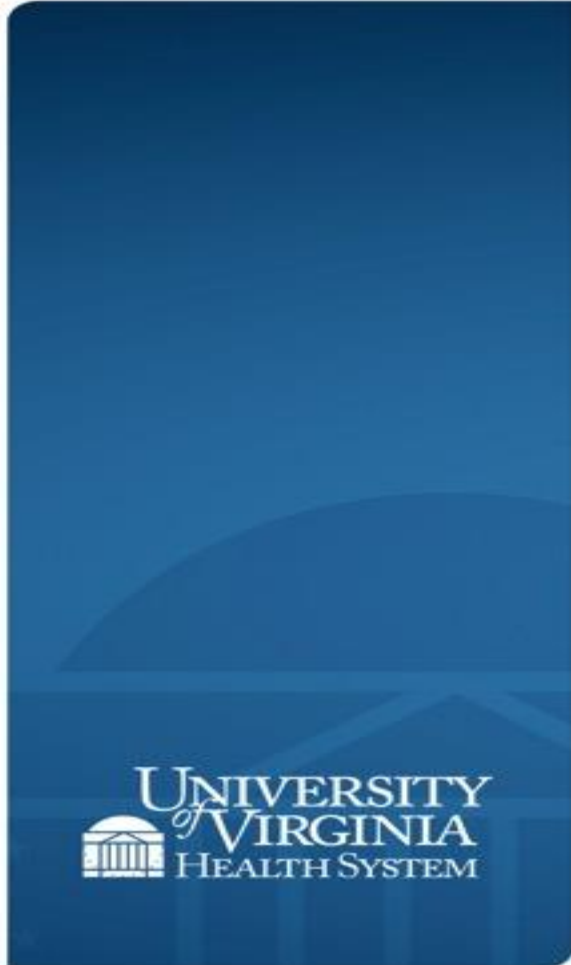


TABLE 1. Recognized Organizational Factors Associated With Burnout in Oncology

Recognized Organizational Factors Associated With Burnout

Increased time in direct patient care
Exposure to suffering and death
High occupational demands
Lack of control and flexibility over daily tasks
Increased administrative responsibilities
Use of electronic medical record systems
Oncology-related clerical burden
Changing health care system
Limited decision making
Increased workload as a result of high staff turnover
Inability to achieve optimal work-life balance
Risk of malpractice
Unclear job expectations from leadership
Lack of peer support
Lack of intrinsic reward
Loss of altruism

Hlubocky, F. J., Taylor, L. P., Marron, J. M., Spence, R. A., McGinnis, M. M., Brown, R. F., ... & Kamal, A. H. (2020). A call to action: Ethics committee roundtable recommendations for addressing burnout and moral distress in oncology. *JCO Oncology Practice*, 16(4), 191-199.



- Burnout is associated with higher rates of **personal health complaints, sleep disturbance, anxiety and depressive symptoms, etc.**
- Burnout doubles the prevalence of **suicidal ideation**
- Burnout is linked to **negative patient satisfaction**
- Burnout is linked to **increased medical errors**
- Burnout is strongly associated with **reduced job satisfaction and increased quitting**

Niven, A. S., & Sessler, C. N. (2022). Supporting Professionals in Critical Care Medicine: Burnout, Resiliency, and System-Level Change. *Clinics in Chest Medicine*, 43(3), 563-577.

What are the solutions?



- Things we have less control over
 - systems
 - policies
 - other people
 - COVID!

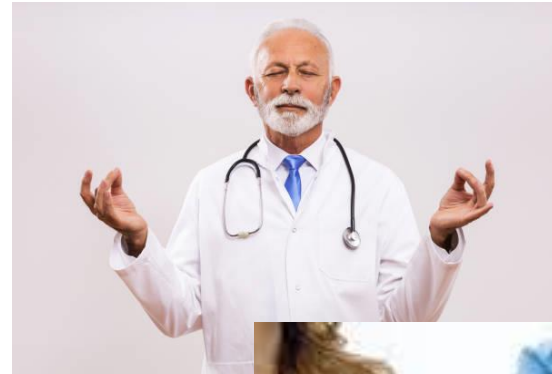


- **Things we have more control over**
 - **what we pay attention to**
 - **our mood and thoughts**
 - **what we do and say**
 - **how we do and say**





- **Individual strategies**



- **Work unit/Team strategies**



- **Institution/Organizational strategies**





- The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress
- Resilience can also involve coping skills as well as profound personal growth





- Early supportive developmental history is a plus
- Being resilient does not eliminate stress or difficulties
- You can learn strategies to increase resilience
- Developing resilience is a personal journey
- Different things work for different people at different times....so it is good to have many options

Five Essential Needs When Stressed that Build Resilience



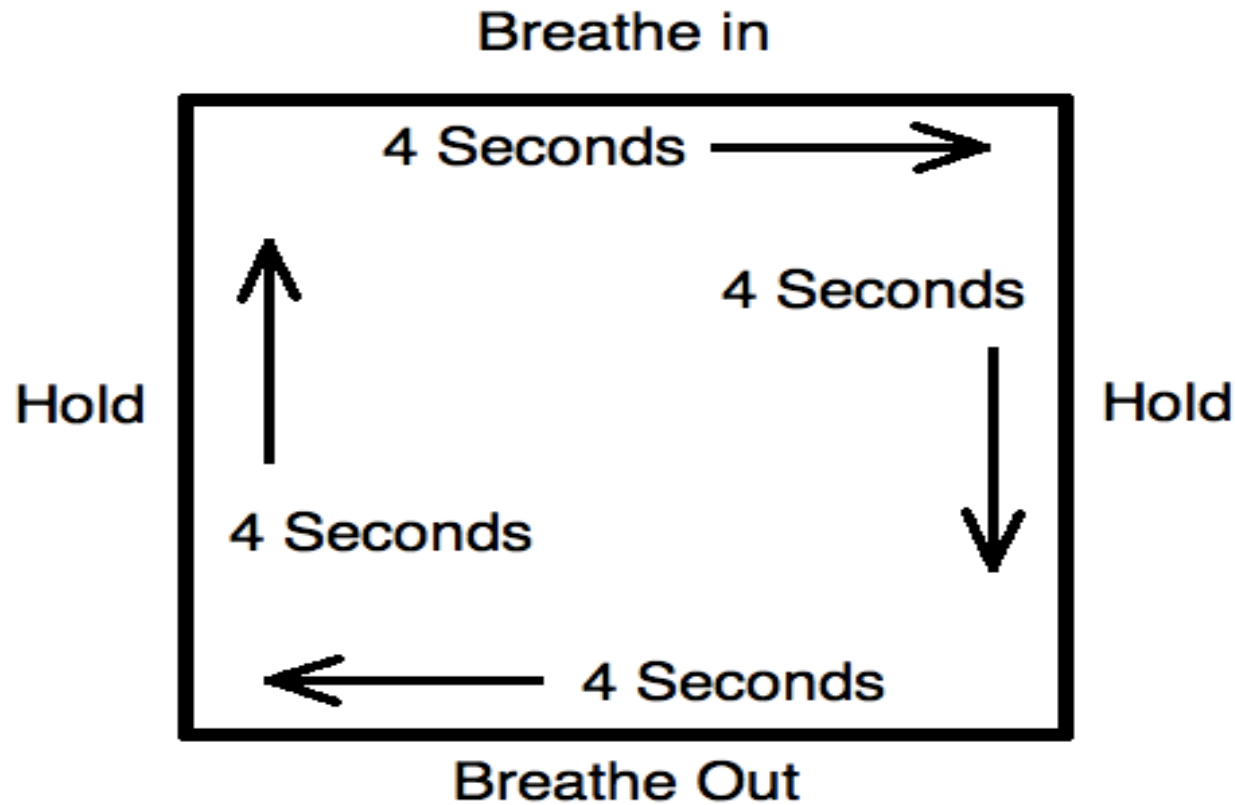
Effective stress interventions need to

- Promote sense of safety
- Promote calming
- Promote healthy connectedness
- Promote sense of self- and collective-efficacy
- Promote hope

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry* 70(4), 283-315.



- Check in with yourself
- Resist denial or avoidance
- Recognize what you can and cannot control
- Focus on acceptance



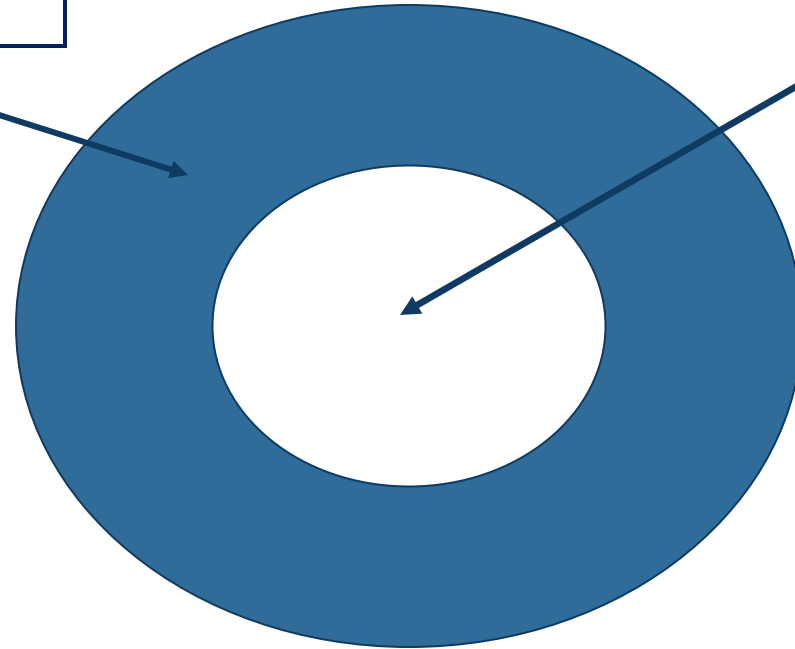
- The Four Square breathing technique
- Using the breath to calm and focus
- Practice several times



Approach and Accept: What can you actually control?

Circle of concern

The weather
What other people do
What other people think
What other people feel
The past
Getting old
Our family
Traffic
The economy



Circle of influence

What I pay attention to
What I do and how I behave
What I say and how I express myself
My attitude
How hard I try
What I think
Where I focus my efforts
My values



STOP Technique

Stop: *pause for a moment*

Take a Breath: *to calm*

Observe: *what am I feeling?*
What are my goals?
What are my choices?

Proceed with awareness





- Building a **positive work environment**: A culture change intervention that focused on improving communication and collaboration among healthcare providers led to a 30% reduction in burnout among internal medicine physicians (Shanafelt et al., 2016).
- **Supportive leadership**: A leadership development intervention that focused on improving leadership skills and providing coaching led to a 12% reduction in burnout among internal medicine physicians (West et al., 2015).
- **Improving work-life balance**: Implementing flexible work schedules, reducing workload, and providing support for childcare and other personal obligations. One study found that a work-life balance intervention that included coaching, workshops, and organizational changes led to a 17% reduction in burnout among internal medicine physicians (West et al., 2014).



- **Observe**: Notice if someone is stressed
- **State observations**: Ask about it
- **Clarify Role**: Let them know you want to help, listen, etc.
- **Ask why**: What's up with them? They OK? Anything the matter?
- **Respond**: Provide guided options. Do what you can...even if just to listen





Assuming Positive Intent and QTIP

- Assume that people are showing up with the intention to do good work.
- Often things are not about us – so tell yourself,
“QTIP: Quit Taking It Personally!”





- **Implementing electronic health record (EHR) optimization:** An EHR optimization intervention led to a 40% reduction in burnout among primary care physicians (Shanafelt et al., 2019).
- **Reducing administrative burden:** A comprehensive administrative burden reduction program led to a 20% reduction in burnout among physicians (Woolf et al., 2018).
- **Promoting team-based care:** A team-based care intervention led to a 30% reduction in burnout among primary care physicians (Sinsky et al., 2017).
- **Improving communication and feedback:** A feedback and communication intervention led to a 26% reduction in burnout among physicians (Shanafelt et al., 2015).
- **Reducing work hours:** Reducing work hours from an average of 60 to 40 hours per week led to a 10% reduction in burnout among physicians (Shanafelt et al., 2016).



Check In:
Where are you on the Stress Continuum?
What about the Unit?
UVA?

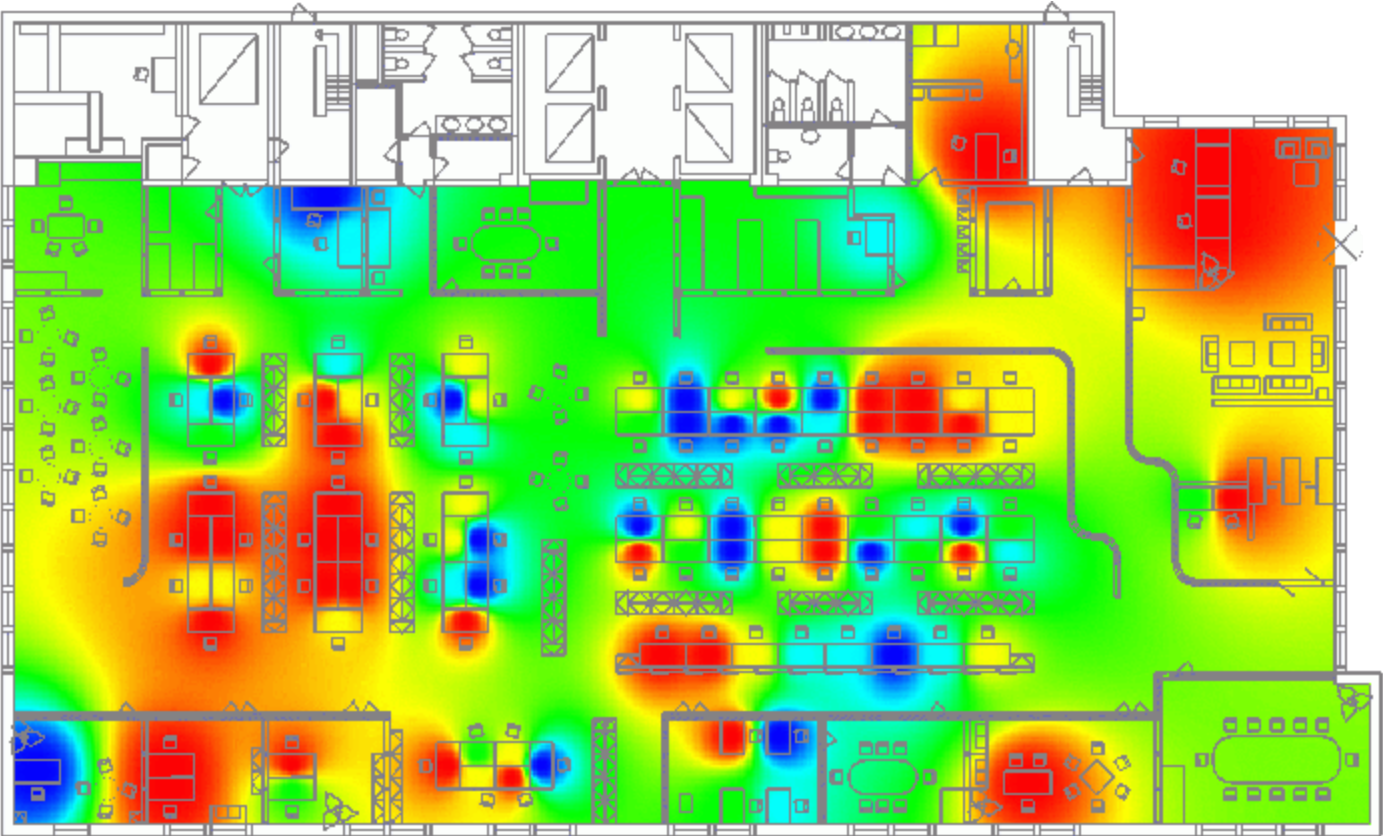


What brings me meaning now?

How might I live in joy right now?



Stress Heat Map



10 Daily Practices



1. Take a few minutes on the way to work to be **quiet** and to **focus** on being in the **present**.
2. Remind yourself why you do the work you do. Remember your **values** and use them as guideposts for decisions.
3. Focus energy on those things under your **control** and practice **letting go** of those things that you **cannot change or influence**.
4. Stop for a few moments before beginning a new activity to re-center. Give yourself time to "**switch gears**."
5. Practice **really listening** and understanding other people's perspectives. Seek first to understand and then to be understood.

10 Daily Practices



6. If a difficult encounter arises with another person use "STOP." **S**top. **T**ake a breath. **O**bserve. **P**roceed with awareness.
7. Remember to **assume positive intent** – we all came to work to do a good job!
8. Write down **three positive things** each day and their causes. Focus on gratitude – find something to be thankful for.
9. During the day, if tension builds, take a moment to focus on breathing - **REMEMBER TO BREATHE!!**
- 10. Meditate** for 5 minutes twice a day!



- Ducar, D. M., Penberthy, J. K., Schorling, J. B., Leavell, V. A., & Calland, J. F. (2020). Mindfulness for healthcare providers fosters professional quality of life and mindful attention among emergency medical technicians. *Explore*, 16(1), 61-68.
- Mayer EN, Lenherr SM, Hanson HA, et al. The impact of COVID-19 on urology resident education: A national survey. *Urology*. 2020;144:44-49.
- Medisauskaite, A., & Kamau, C. (2019). Reducing burnout and anxiety among doctors: Randomized controlled trial. *Psychiatry research*, 274, 383-390.
- Nash, M. W., Westphal, R. J., Watson, P., & Litz, B. (2010). *Combat and Operational Stress First Aid*. Washington DC: Department of Defense.
- Penberthy, J. K., Chhabra, D., Ducar, D. M.,... & Schorling, J. (2018). Impact of coping and communication skills program on physician burnout, quality of life, and emotional flooding. *Safety and health at work*, 9(4), 381-387.
- Pugliese G, Solazzo A, Bozzuto L, et al. Burnout in urology residents: a systematic review. *Minerva Urol Nefrol*. 2021;73(1):87-94.
- Penberthy, J. K, & Penberthy, D. R. (2018). The Physician's Dilemma: Healthcare and Bureaucracy in the Modern World. *Groupthink in Science: Greed, Pathological Altruism, Ideology, Competition, and Culture*. D. Allen and B. Howell, Eds. New York: Springer.
- Watson, P. J. & Westphal, R. J. (2020) *Stress First Aid for Health Care Workers*. National Center for PTSD. <https://www.researchgate.net/publication/344450660>
- Westphal, R. J. *Beyond Burnout and Bullies: Addressing Healthcare Occupational Stress*.
- Voss, J. D., May, N. B., Schorling, J. B., Lyman, J. A., Schectman, J. M., Wolf, A. M., ... & Plews-Ogan, M. (2008). Changing conversations: teaching safety and quality in residency training. *Academic Medicine*, 83(11), 1080-1087.
- Warburton, K.M. & Shahane, A.A. (2020) Mental Health Conditions Among Struggling GME Learners: Results From a Single Center Remediation Program. *J Grad Med Educ*; 12 (6): 773–777.
- Zhao X, Hu J, Wang Y, et al. Burnout among urology residents: a systematic review and meta-analysis. *World J Urol*. 2021;39(2):467-475.

“The world breaks everyone
and afterward many are
strong at the broken places.”

~Ernest Hemingway



Thank you!

Thank you!



<https://www.medicalcenter.virginia.edu/wwp/>
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